



Health Information Technology Council March Update

March 10, 2014



Agenda



Today's Agenda:

1. **Meeting Minutes approval [5 min]**
2. **Hiway Implementation & Support Update [30 min] – Manu Tandon**
 - a) Use Case Update
 - b) Rate Card update (Manu/Micky)
 - c) Hiway Release Schedule
 - d) Communications and Outreach Update
 - e) Hiway Operations Update
 - f) HISP-HISP Update
 - g) Phase 2 Implementation Update
3. **Advisory Group Update [20 min] – Micky Tripathi**
 - a) Provider, Legal & Policy and Consumer AG updates
 - b) Consent Update
4. **Last Mile Program Wrap-up [15min] – Sean Kennedy**
 - a) ONC Close Out Process & Update
 - b) State HIE Grant | Final Report Summary
 - c) Last Mile Program Transition Update
 - d) The Rally – Hiway Transact-a-thon Review
5. **MeHI Update [15 min] – Laurance Stuntz**
6. **Wrap up [5 min]**



Discussion Item 1: Mass Hlway Update

- Use Case Update
- Rate Card update
- Hlway Release Schedule
- Communications and Outreach Update
- Hlway Operations Update
- HISP-HISP Update
- Phase 2 Pilot Update



Primary uses of Hlway to date



- Primary uses of the Hlway have not changed since December, but transactions have increased significantly in Care Coordination and Public Health uses

Use case	Cumulative total transactions through 11/30/13	Cumulative total transactions through 2/20/14	% Change
Care Coordination	208	5,343	2469%
Public Health	52,261	120,839	131%
Case Management	21,236	29,941	41%
Quality Reporting	626,908	845,123	35%

↑
**December
HIT Council
Meeting**

↑
**March
HIT Council
Meeting**



Phase 2 Rate Card Analysis



- **The private share requirement for Phase 1 and Phase 2 is \$1.3M:**
 - Phase 1: ~\$700K
 - Phase 2: ~\$550K
- **Phase 1 realized revenue has already exceeded \$500K, and there are over 100 organizations in the pipeline with projected revenue of \$500K-\$750K**
- **Pricing for Phase 2 needs to take into account a number of considerations:**
 - What is the target private share revenue requirement for Phase 2?
 - How many customers, and what types of customers, are likely to purchase Phase 2 services at a given price level?
 - What is optimal pricing that will:
 - Ensure achievement of required private share revenue requirement
 - Minimize barriers to entry to HIway participation and adoption, especially in light of Chapter 224 and public health HIway requirements
 - Maintain principles of fairness and accessibility for providers with limited resources and focused on the under-served



Phase 2 Rate Card



Massachusetts Health Information Highway Rate Card

Tier	Category	Phase 1 Annual HIE services fee		Phase 2 Annual HIE services fee	Phase 1 + Phase 2 Total Annual HIE services fees	
		LAND plus HIE services (per node)	Direct HIE services (per node)	Phase 2 services (per node)	LAND plus HIE services (per node)	Direct HIE services (per node)
Tier 1	Large hospitals	\$27,500	\$15,000	\$15,000	\$42,500	\$30,000
	Health plans					
	Multi-entity HIE					
	Commercial imaging centers & labs					
Tier 2	Small hospitals	\$15,000	\$10,000	\$7,500	\$22,500	\$17,500
	Large ambulatory practices (50+)					
	Large LTCs					
	ASCs					
	Ambulance/Emergency Response					
	Business associate affiliates (for-profit and non-profit)					
Tier 3	Small LTC	\$4,500	\$2,500	\$1,250	\$5,750	\$3,750
	Large behavioral health					
	Large home health, LTSS					
	Large FQHCs (10-49)					
	Medium ambulatory practices (10-49)					
Tier 4	Small behavioral health	\$250	\$175	\$100	\$350	\$275
	Small home health, LTSS					
	Small FQHCs (3-9)					
	Small ambulatory practices (3-9)					
Tier 5	Small ambulatory practices (1-2)	\$60	\$60	\$30	\$90	\$90

Rationale:

- Phase 1 market penetration and market interest in Phase 2 suggests that Hlway will be able to attract large number of customer for Phase 2 services
- Phase 2 service value increases exponentially with the number of participants contributing ADT information
- Since Phase 1 is exceeding revenue targets by 2X and to remove cost as a barrier for Phase 2, rates are set at 50% of Phase 1 pricing
- If all 71 Hlway customers (as of Jan 15, 2014) purchase Phase 2 services, revenues would be \$245K (~45% of Phase 2 revenue target, but still above overall Phase 1&2 targets for private share)



HIway Release Schedule



Mass HIway Development Timeline

Activity	Target date
Opioid Treatment Program Node Go-Live	March 2014
Cancer Registry Node Go-Live	April 2014
Provider Directory Upgrade Go-Live (support for external use of PD through web-services)	April 2014
Webmail Upgrade Go-Live (MU2 compliance, shared folders to support SEE application)	April 2014
Meditech XDR Solution Go-Live (enables providers to send/receive Direct messages from their Meditech EHR)	April 2014
HISP to HISP Solution Go-Live (enables providers to connect to the HIway through another HISP)	April 2014
eReferral Phase 1 Node Go-Live (enables bi-directional communications on health related targets given from HPOs to CBOs such as YMCA, Tobacco quit lines, etc.)	June 2014
Childhood Lead Poison Prevention Program Node Go-Live	March 2014 Q3 2014 (deprioritized)
Phase 2, Release 2 (Web service access to RLS, eMPI tuning, AIMS integration, Notifications, etc.)	Q3 2014
Healthcare Provider Portal	Q3 2014



Phase 2 Implementation:

- Drafted comprehensive patient education (in health literacy review)
- Drafted staff training guide/ FAQ for consent implementation (in workgroup review)
- Developing implementation plan with participants

General Participant Education/ Communications:

- Preparing documentation for HPP/ Provider Directory roll out
- Streamlining communications for incoming DPH clients
- Developing HIE Learning Series webinars w/ MeHI
 - Goal: Scale up enrollment/onboarding
 - Topics: Completing the PA, Implementation Overview, Provider Directory, Consent

User Groups:

- Meditech networking group - March 6th
- Mass League meeting for NextGen users - April 3rd



February Participation Activity

4 New Participation Agreements completed in February:

- The Carson Center for Human Services
- Fairlawn Rehabilitation Hospital
- Mount Auburn Hospital
- Dr. John D. Mudrock

Current Total = 132 Mass HIway Participant Organizations



February Connection Activity

5 Organizations Went Live in February:

- Cambridge Health Alliance
- Anna Jacques Hospital
- Emerson Hospital
- Fairlawn Rehabilitation Hospital
- Life Care Center of Auburn

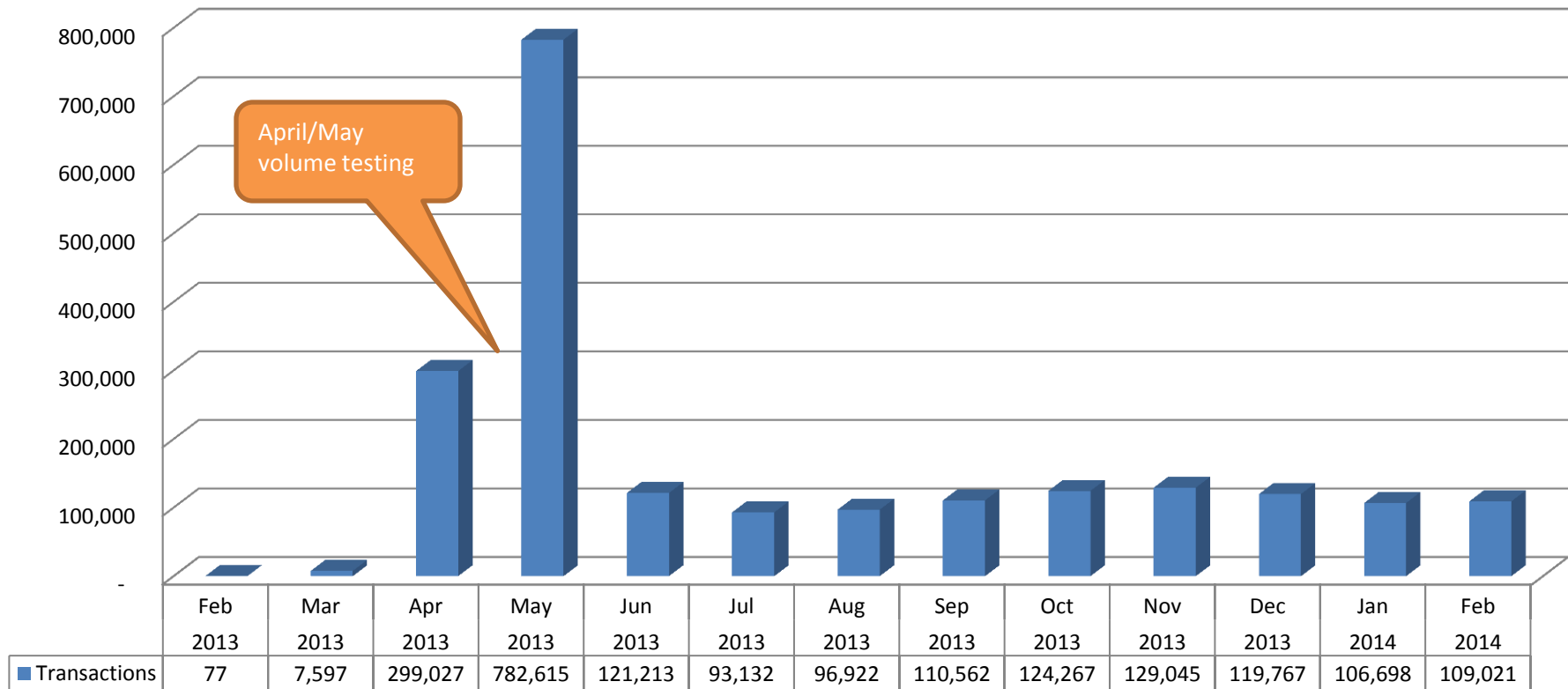
Current Total = 104 Live Mass HIway Connections



February Transaction Activity

109,021 Transactions exchanged during February

2,096,557 Total Transactions (inception to date)





Mass HIway Connection Forecast

Goal:

Connect over **135** organizations to the HIway Connections by June 30, 2014

Key Drivers for Growth:

- Public Health Reporting - Immunizations, Opioid Treatment, and Syndromic Surveillance programs
- Members of other HISPs joining the Mass HIway using HISP-to-HISP connections



HISP to HISP Connectivity



Pilot Group Status

- Vendor implementation status (Expected go-live Apr 2014)
 - Surescripts
 - Vendor testing complete, preparing for end to end testing
 - eClinicalWorks
 - Vendor testing complete, preparing for end to end testing
 - Secure Exchange Solutions (SES)
 - Finalizing vendor testing, preparing for end to end testing.

Vendor Readiness

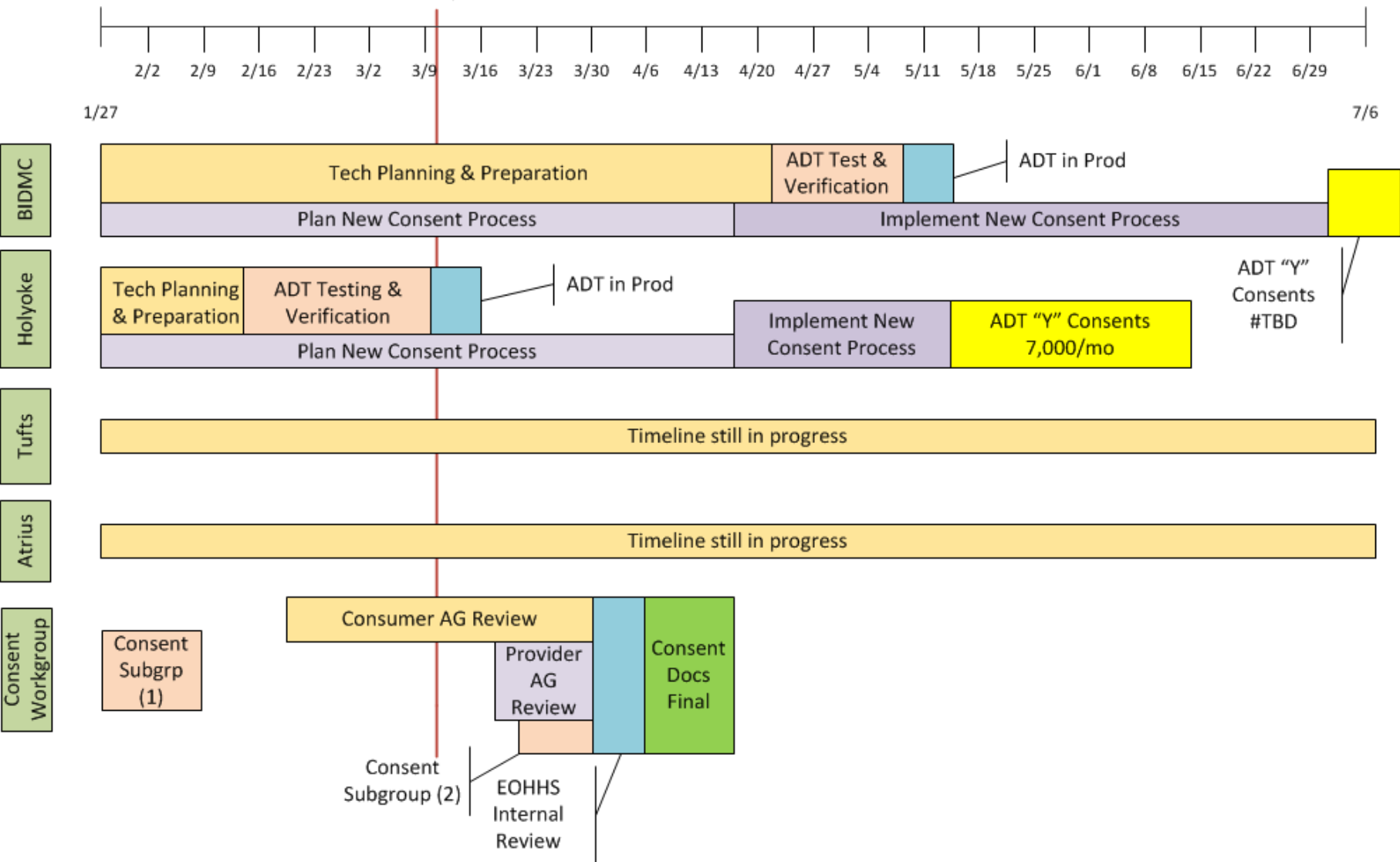
- **Targeted for Next Round**
 - AthenaHealth
 - Allscripts
 - Alere
- **Additional Vendors that indicated readiness**
 - Medfx (completed basic testing)
 - NexJ (exchanging anchor certs, defining use cases)
 - McKesson (completed basic testing)
 - Aprima (scheduling a meeting)
 - ClaimTrak (completed basic testing)



Phase 2 Implementation Plan



Today **HIWay Phase 2 Adoption Target Timeline**





Discussion Item 2: Policy & Advisory Group Update

- Provider and Consumer AG updates
- Consent Update



Advisory Group Update



The Provider Advisory Group met on February 18th to review and react to the approach to phase 2 consent, the Provider addressing conventions, and the “Break the Privacy Seal” approach

- There was strong support for the phase 2 consent approach – Members of the group stated that having a simple consent in combination with standardized and state mandated patient educational materials is the best consent solution they have seen yet.
- The group agreed with the provider addressing conventions – There is some concern duplicate or similar names – This raises the need to have a provider directory that EHR vendors may easily consume so that providers may use other information besides just the direct address to select an addressee (e.g., Specialty, Physical office address).
- For the “Break the Privacy Seal” feature, the group agreed that it is best to limit use of the feature initially to providers in Emergency treatment roles and to consider opening this up incrementally where there is demand (e.g., Specialists seeing a patient for the first time). There was a recommendation to revisit two factor authentication as an additional means to protect the patient demographic information contained in the Mass HIway Relationship Listing Service.



The Consumer Advisory Group met on February 19th to review and react to the phase 2 consent form and patient educational materials:

- The Group suggested that pictures and graphics be used to simplify the content – The draft is too long and too deep right now.
- The Group suggested that a lot of attention be paid to the process of delivering the education materials – There is need to train office staff, identify a “go to” person within each organization who can answer patient questions, and develop staff training materials.
- The Group was concerned about the capacity of providers to educate patients on the HIway – Providers can be one of the channels to educate patients while HIway also reaches patients through other channels – The group provided a list of channel partners last year that can be revisited.
- The Group walked through each section of the patient education document and provided suggestions for each including:
 - Define and align terms (such as Provider, share, exchange, transmit...)
 - Add information about what happens in a breach and who is responsible.
 - Add comparison to financial industry security safeguards and note that healthcare goes above and beyond due to the many privacy laws in place at the state and federal level.
- The group suggested this be tested – They reviewed the idea of rolling out materials in pilot with the 4 phase 2 organizations and then iterating



HIway Consent Policy



- Scope of Consent : Participant is responsible for obtaining patient permission to share patient information over the Massachusetts Health Information Highway.
- Levels of Consent. The Mass HIway offers two levels of functionality, Direct Messaging and Query & Retrieve.
 - Consent for Direct Messaging. If Participant is solely enabling Direct Messaging functionality, Participant must get patient permission to use the Mass HIway to transmit patient health information. Participant must identify the Mass HIway as a mode of exchange.
 - Consent for Query & Retrieve. If Participant is also enabling Query and Retrieve functionality, Participant must get patient permission to transmit specified patient demographic information to the Mass HIway RLS, which stores the patient demographic information and discloses the Participant's relationship with the Patient to other authorized RLS users. As part of obtaining this permission, Participant must describe the Mass HIway Query & Retrieve functionality to the patient.



HIway Consent Policy (cont'd)



- Consent Forms and Language. The Mass HIway does not prescribe specific consent forms or language. Optional templates and educational resources will be available at www.masshiway.net to assist Participants with development of their policies, processes, and materials.
- Duration of Consent. There is no specified time limit for Mass HIway consent. However, the Mass HIway consent must be appropriate to the level of functionality being used by the Participant.
 - Changes in HIway Functionality. New consent must be obtained if a Participant has consented patients solely for Direct Messaging and later adds Query & Retrieve functionality. However a Participant may obtain consent for Query & Retrieve prior to implementing the functionality to avoid this.
 - Change in status of adolescent Patients. Participants must re-consent patients once they have reached the age of majority or are emancipated minors.
- Changes in Consent. Participants are required to allow Patients to change their Mass HIway consent preferences and are responsible for updating consent preferences with the Mass HIway.
- Audit Logs. The Mass HIway will provide to the Participant available Mass HIway transaction logs and RLS audit logs upon request by the Participant.



Refining consensus on consent



Steps taken to refine consent approach and build consensus to finalize:

- Consent subgroup* met on Jan 28 and unanimously recommended a two part consent approach - simple flexible consent language accompanied by standard easy to understand patient education materials
- Consumer Advisory Group met on Jan 29, reviewed the recommendation, and provided improvements
- HIT Council reviewed recommendation on Feb 3 and held a rich discussion
- Provider Advisory Group met on February 18 and strongly supported the recommendation stating that this is the best approach they have seen to date
- Staff released first draft of patient education document
- Consumer Advisory Group met on February 19 – reviewed the patient education document and provided section by section comments and suggestions
- Staff released draft of patient education materials for phase 2 pilots (distributed to HIT Council – your comments and edits are welcome)
- Patient education materials being reviewed by contracted health literacy consultant, after which we will seek final feedback for pilot materials from Provider and Consumer AGs and Consent Sub-Group

*This group represents: Beth Israel Deaconess, Tufts, Atrius, Holyoke Health, Hallmark Health, Partners Healthcare, Winchester, Baystate Health, and the Pioneer Valley Information Exchange



Answers to your Feb questions



- **Does my consent language expire after a certain amount of time?**
 - Time limits for consent are up to individual Participants.
- **Do I need to re-consent my patients, when they turn 18?**
 - Yes, Participants must re-consent patients once they have reached the age of majority or when a patient informs the Participant that he or she is an emancipated minor.
- **What are potential uses of the information?**
 - Information sharing limited to purposes of treatment, payment, and operations in alignment with HIPAA
- **Will a participant need to re-consent patients when there is a change in Mass educational materials?**
 - Yes and no – the current policy is that a new consent is required when a Participant moves from secure messaging to using the RLS. However, consent for the RLS can be obtained prior to using the service and there is no planned new functionality that would require new patient consent. Hlway-produced education materials will not be required



Discussion Item 3: Last Mile Program Wrap-up

- I. ONC Close Out Process & Update
- II. State HIE Grant | Final Report Summary
- III. Last Mile Program Transition Update
- IV. The Rally – *Hiway Transact-a-thon* Review



ONC Grant Close Out Activities



- **Key dates**
 - Feb 7 Funding for programmatic activities ends
90-day close out period starts
 - Feb 28 Last date to accept Hlway grantee invoices
 - March 7 Program evaluation due
 - March 7 Final Program Performance Report due
 - May 7 Grant ends
- **Key activities**
 - Work through the grant ‘punch list’, example activities include:

Activity	Due Date	Status
Quarterly Progress Report	1/31/2014	Complete
Complete Final Program Performance Report	3/07/2014	Complete
Program Evaluation	3/07/2014	Complete
Final PO call	TBD with PO and grantee	Pending
Contracting reports (various)	5/08/2014	In-progress



State HIE Grant | Accomplishments



1. Implemented a sustainable Statewide HIE that includes both Directed- and Query-based HIE in Massachusetts.
2. Built successful partnerships among HIE stakeholders – state, quasi-state, provider, payer and vendor organizations.
3. Awarding thirty two (32) Hlway implementation grants which are helping more than 75 care coordinating organizations build connections to the Hlway.
4. Awarded thirteen Hlway Vendor Interface Grants which are funding EHR, PHR, and HIE vendors to the state Hlway.
5. Connected immunization and syndromic surveillance public health registries to the state Hlway and connected a private quality data registry to the Hlway.



1. **Governance:** Establishment of the Health IT Council and Advisory Groups created a framework for governance
2. **Technology:** Creation of multiple HIway connection options eased adoption, e.g., Direct, webmail, LAND
3. **Adoption:** Emphasis on use case identification and awarding of HIway grants spurred adoption
4. **Management:** Installation of a client process and tracking solution enabled consistent communications, e.g., Last Mile Salesforce solution



State HIE Grant | Gap Analysis



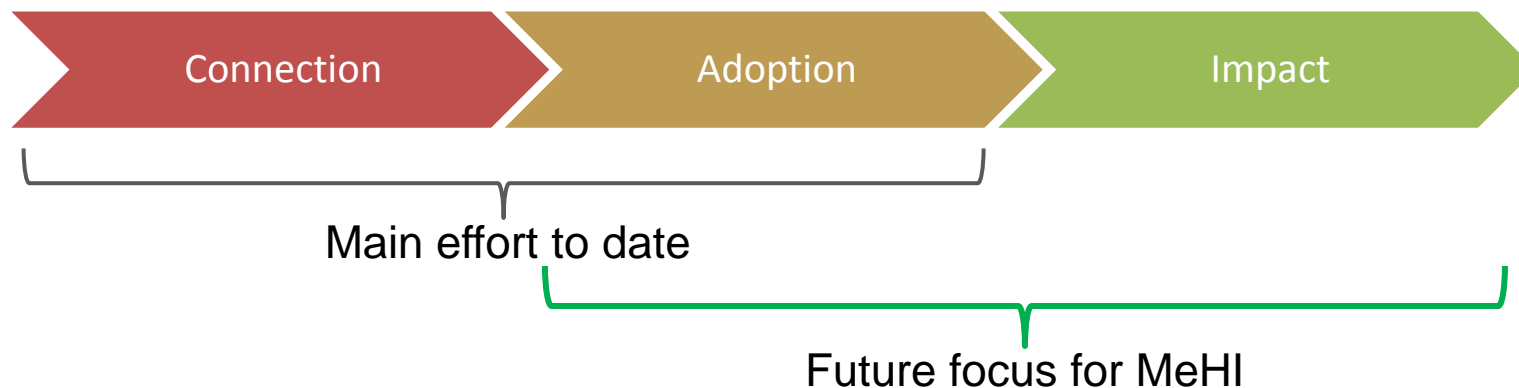
- 1. Few vendor on-ramps**
- 2. A HISP-HISP solution**
- 3. Operationalizing 'Opt in' and managing consent**
- 4. Inter-state and VA exchange**
- 5. Provider Directory**
- 6. Data to patients**



- **We suggest that ONC help the adoption of HIE by focusing on cross-cutting efforts that are hard for States to do by themselves. These include:**
 - Vendor readiness and ability to connect to HIE within standard workflows
 - Standards development
 - Consumer education on Health IT
 - Additional “Beacon” efforts that show the rest of the country how hard problems can be addressed



- **Last Mile mission shifts for MeHI**



- **HIE efforts going forward for MeHI**

Adoption	HIway Grant management HIE Learning Series e.g., “Live on the HIway” Small Group Discussion Review Use Case Library
Impact	HIway Grant evaluation HIE ‘Outcome’ Grants
Support	Continued support to the HIway team, as needed and feasible



The Rally – #MassHIway Transact-a-thon



- 285 tweets with the #MassHIway hashtag
- 61 unique users (handles)
- 11 Rally tweets per hour
- 13 unique organizations tweeted their transaction



James Welch
@Sen_Jim_Welch



Thank you @Baystate_Health for using Health IT and #MassHIway to improve care coordination

4:05 PM - 6 Feb 2014

4 RETWEETS 2 FAVORITE



Holyoke Health
@HolyokeHealth



Just sent a test Continuity of Care Record to @RVCC2 on #MassHIway. That was easy! It will really streamline patient referrals!

4:50 PM - 6 Feb 2014

5 RETWEETS 2 FAVORITES



The Dimock Center
@TheDimockCenter



"It's official! @TheDimockCenter has completed successful test of sending our 1st HIE transaction on #MassHIway via @MassEHealth

6:13 PM - 6 Feb 2014



Thank you, ONC!





Discussion Item 4: MeHI Update

MeHI Update on Activities for the HIT Council



MeHI
MASSACHUSETTS
eHEALTH INSTITUTE



at the MassTech
Collaborative



Statewide Electronic Health Records Planning



- **Stakeholder engagement through the Provider, EHR Vendor and Service Vendor roundtables in January and February**
 - [Roundtable Briefing Document](#)
- **Provider and Consumer Survey**
 - Data collection is done, compiling results, planned for end of March
- **eHealth Institute Fund focus on Behavioral Health, Long Term and Post-Acute Care, and Community Adoption and Exchange**
- **Next step is drafting the updated EHR Plan and further review with stakeholders in March and April**



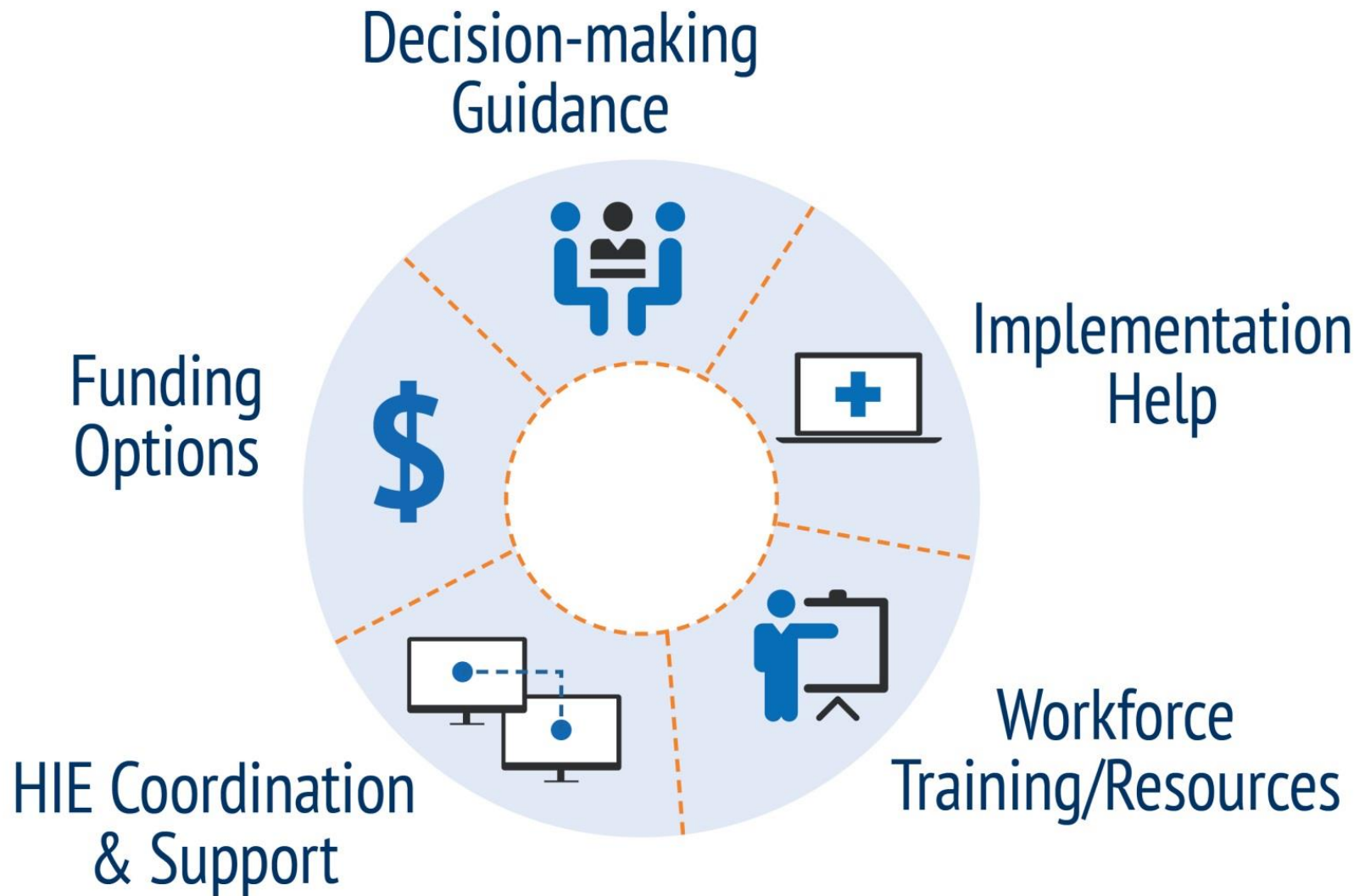
EHR Adoption Preliminary Survey Results



EHR Adoption	Affiliated	Independent	Overall
Primary Care	100%	95%	96%
Specialists	91%	81%	85%
Rehabilitation	100%	74%	79%
Behavioral Health	100%	55%	63%
Dental	100%	55%	56%
Long-Term Care	85%	28%	55%

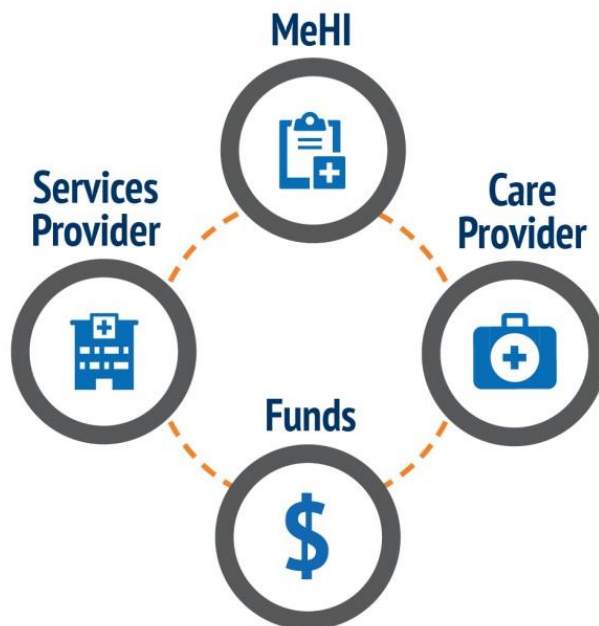
MeHI Sector Focus under Ch. 224

- **“Affiliated” organizations have largely adopted EHRs**
- **MeHI will try to leverage solutions that have worked well**
- **Provider types that don’t fully qualify for Meaningful Use Incentives are lagging behind in adoption**

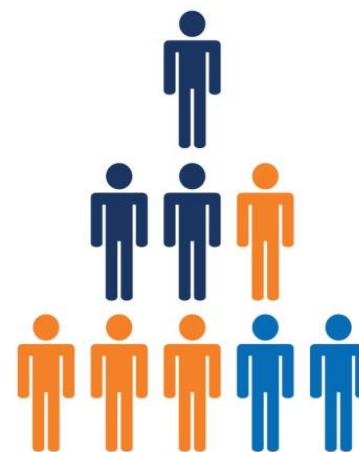




Online Learning
& Content



Direct
Support



Community
Collaboratives



Regional Extension Center Grant Extension



- **No Cost Extension through February 2015**
- **Approximately 80% of REC members are at Meaningful Use**
- **ONC approved plan to use funds to build and pilot services to support**
 - Meaningful Use attestation
 - Privacy/Security education and assessment
 - Consumer eHealth Readiness assessment
 - Leverages the National eHealth Collaborative Patient Engagement Framework
- **Leveraging the portal built by NJ-HITEC, the REC in New Jersey to support these services**



Health Cluster Development

Massachusetts eHealth Cluster

Continued growth of the nation's leading eHealth economy which includes electronic health records, telehealth, mobile health, and big data solutions.

mehi.masstech.org/eHealthMA



@MassEHealth
Updates #eHealthMA

2014

200+ companies / \$8 billion
5000+ employees



2020

400+ companies / \$15 billion
15,000+ employees



Stakeholders

eHealth
Companies

Venture
Capitalists

Care Providers

Payers

Academia

Associations

Government

Programs

Stakeholder
Collaboration &
Engagement

Workforce
Development
& Training

Education &
Promotion

Partnerships &
Matchmaking



Discussion Item 5: Wrap Up



HIT Council meeting schedule



HIT Council 2014 Meeting Schedule*:

- January 13
- February 3
- March 10
- **April 7**
- May 5
- June 9
- July 7
- August 4
- September 8
- October 6
- November 3
- December 8

**All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*